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Fill in this information	n to identify your case:	:		
Debtor 1	Waver		Campbell	
1	First Name	Middle Name	Last Name	
Debtor 2	Deborah		Campbell	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	cruptcy Court for the:	Easte	ern District of Pennsylva	nia
Case number	23-13851	1		
(if known)				

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	art 1: Describe Employment								
1.	Fill in your employment information.	Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with	Employment status	☑ Employed □ Not Employed			₫	☑ Employed ☐ Not Employed		
	information about additional employers.	Occupation	<u>Driver</u>			Hos	pitality		
	nclude part time, seasonal, or self-employed work.	Employer's name	<u>UPS</u>			The	Union Leagu	ue	
	Occupation may include student or homemaker, if it applies.	Employer's address	Number Street				S Broad St mber Street		
						Phi	Philadelphia, PA 19102-3003		
		How long employed there	City		State Zip Code	City		State	Zip Code
Pa	art 2: Give Details About Mo	nthly Income							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.									
	If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.								
					For Debtor 1		ebtor 2 or ing spouse		
2.	List monthly gross wages, salary deductions.) If not paid monthly, c			2.	\$1,291.40		\$1,479.00		
3.	Estimate and list monthly overting	ne pay.		3. +	\$0.00	+	\$0.00		
4.	Calculate gross income. Add line	2 + line 3		4.	\$1 201 <i>I</i> (1)		\$1 <i>4</i> 79 00		

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Debtor 1 Debtor 2 Waver Campbell
Deborah Campbell
First Name Middle Name Last Name

Case number (if known) 23-13851

	First Name Middle Name Last Name				
			For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here→	4.	\$1,291.40	\$1,479.00	•
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$250.96	\$238.05	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$0.00	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
	5h. Other deductions. Specify:	5h.	+ \$0.00	+ \$0.00	
6.	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$250.96	\$238.05	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$1,040.44	\$1,240.95	
8.	List all other income regularly received:				
	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$688.19	\$0.00	
	8b. Interest and dividends	8b.	\$0.00	\$0.00	
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive				
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00	
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
	8e. Social Security	8e.	\$0.00	\$0.00	
	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
	8h. Other monthly income. Specify: Actual 2023 Federal Tax	8h.	+ \$884.00	+ \$0.00	
	Refund				
9. 10.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. Calculate monthly income. Add line 7 + line 9.	9.	\$1,572.19	\$0.00	
10.	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,612.63	+ \$1,240.95	= \$3,853.58
11.	State all other regular contributions to the expenses that you list in Sche	dule J.			
	Include contributions from an unmarried partner, members of your househoriends or relatives. Do not include any amounts already included in lines 2-10 or amounts that				
	Specify:				+ \$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The	e result is t	the combined monthly i		70.00
	amount on the Summary of Your Assets and Liabilities and Certain Statistics			12.	\$3,853.58
					Combined
					monthly income
13.	Do you expect an increase or decrease within the year after you file this to volve. ☐ No. ☐	form?			
	Yes. Explain:				

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Debtor 1 Waver Campbell
Debtor 2 Deborah Campbell Case number (if known) 23-13851
First Name Middle Name Last Name

8a. Attached Statement Vital Strength Nutrition, LLC FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME: 1. Gross Monthly Income: \$942.19 PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES: 2. Ordinary and necessary expense \$254.00 Net Employee Payroll (Other than debtor) \$0.00 3. **Payroll Taxes** \$0.00 \$0.00 5. **Unemployment Taxes** 6. Worker's Compensation \$0.00 7. Other Taxes \$0.00 8. Inventory Purchases (Including raw materials) \$0.00 Purchase of Feed/Fertilizer/Seed/Spray \$0.00 10. Rent (Other than debtor's principal residence) \$0.00 \$0.00 11. Utilities 12. Office Expenses and Supplies \$0.00 13. Repairs and Maintenance \$0.00 14. Vehicle Expenses \$0.00 15. Travel and Entertainment \$0.00 16. Equipment Rental and Leases \$0.00 17. Legal/Accounting/Other Professional Fees \$0.00 18. Insurance \$0.00 19. Employee Benefits (e.g., pension, medical, etc.) \$0.00 20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition **Business Debts** TOTAL PAYMENTS TO SECURED CREDITORS \$0.00 21. Other Expenses TOTAL OTHER EXPENSES \$0.00 \$254.00 22. TOTAL MONTHLY EXPENSES(Add item 2 - 21) PART C - ESTIMATED AVERAGE NET MONTHLY INCOME: 23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$688.19